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APPLICANTS

Ralph de la Torre, Swampscott, MA;

William E. Cohn, Chestnut Hill, MA;

Jose Luis Francese, Miami Springs, FL; Matthew A. Palmer, Miami, FL;

** CONTINUING DATA ***** NINE AIR

** FOREIGN APPLICATIONS ***** NONE AIR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/15/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged	Examiner's Signature <i>Carroll Lewis</i>	Initials <i>pk</i>		

ADDRESS

36822
 GORDON & JACOBSON, P.C.
 60 LONG RIDGE ROAD
 SUITE 407
 STAMFORD, CT
 06902

TITLE

Pericardial retractor

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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☐ 1.18 Fees (Issue)☐ Other _____☐ Credit